

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16-31, 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: <u>Death Industries</u>		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: <u>619344117</u>		Organizational Unit: Department: <u>Rural Housing</u> Division: <u>Construction</u>			
Address: Street: <u>PO Box 60191</u> City: <u>Palo Alto</u> County: <u>Santa Clara</u> State: <u>CA</u> Zip Code: <u>94306</u> Country: <u>U.S.A.</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <u>0-</u> First Name: <u>Eric</u> Middle Name: <u>Gilbo</u> Last Name: <u>Gilbo</u> Suffix: <u></u> Email: <u>tgilbo@paloalto.gov</u>			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>31-1806701</u>		Phone Number (give area code) <u>(650) 463-5600</u> Fax Number (give area code) <u>(650) 566-1273</u>			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> Now <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <u></u>		7. TYPE OF APPLICANT: (See back of form for Application Types) <u>L/M/N</u> Other (specify) <u>(N = community)</u>			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10-411</u>		9. NAME OF FEDERAL AGENCY: <u>R.H.D. Dept. of Agriculture</u>			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Cedar Glen, CA 94306</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Purchase and development of sites.</u> <u>Water/Sewer Facilities</u> <u>Electric, Landscaping</u> <u>Legal Fees, Beautification</u>			
13. PROPOSED PROJECT Start Date: <u>7/1/06</u> Ending Date: <u>7/1/11</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>14</u> b. Project <u>41</u>			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ <u>00</u>		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant \$ <u>00</u>		DATE:			
c. State \$ <u>00</u>		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local \$ <u>00</u>		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other \$ <u>00</u>		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income \$ <u>00</u>		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL \$ <u>00</u>		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: <u>Dr.</u> First Name: <u>Tor</u> Middle Name: <u>Eric</u> Last Name: <u>Gilbo</u> Suffix: <u></u>		c. Telephone Number (give area code) <u>(650) 463-5600</u>			
b. Title <u>Owner</u>		a. Date Signed <u>4/1/06</u>			
d. Signature of Authorized Representative <u>Tor Gilbo</u>					

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED March 30, 2006		Applicant Identifier R-9 Tracking #06-055	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name:		Organizational Unit:			
City of Riverside		Department: Public Utilities			
Organizational DUNS: N/A - Governmental		Division: Water			
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)			
Street: 3900 Main Street		Prefix: Dr.		First Name: David	
City: Riverside		Middle Name: W.			
County: Riverside		Last Name: Ferguson			
State: CA		Suffix:			
Zip Code: 92572		Email: dferguson@riversideca.gov			
Country: USA		Phone Number (give area code) (951) 826-5793		Fax Number (give area code) (951) 826-2498	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000769		7. TYPE OF APPLICANT: (See back of form for Application Types) C - Municipal Other (specify)			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: USEPA Region 9 (Howard Kahan, Environmental Scientist)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Flume Well 42-Inch Diameter Water Transmission Main Relocation Across the Santa Ana River Bed in Colton, CA			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Riverside and Riverside County, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 43rd - Hon. Ken Calvert b. Project 43rd - Hon. Ken Calvert			
13. PROPOSED PROJECT Start Date: July 1, 2006 Ending Date: September 30, 2007		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 30, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal USEPA \$ 477,900					
b. Applicant City of Riverside \$ 1,022,100					
c. State \$					
d. Local \$					
e. Other \$					
f. Program Income \$					
g. TOTAL \$ 1,500,000					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name David		Middle Name H.	
Last Name Wright		Suffix			
b. Title Public Utilities General Manager		c. Telephone Number (give area code) (951) 826-5784			
d. Signature of Authorized Representative		e. Date Signed March 30, 2006 3-29-06			

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Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
<b>Pre-application</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Eskaton Properties, Incorporated			Organizational Unit: Department:		
Organizational DUNS: 631506310			Division:		
Address: Street: 5105 Manzanita Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Raymond		
City: Carmichael			Middle Name W.		
County: Sacramento			Last Name Gee		
State: CA		Zip Code 95608-0598		Suffix:	
Country: USA			Email: ray@eskaton.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 - 2 9 0 6 3 1 6			Phone Number (give area code) (916) 334-0810		Fax Number (give area code) (916) 338-1248
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Other (specify) O		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Supportive Housing for the Elderly 1 4 - 1 5 7			<b>9. NAME OF FEDERAL AGENCY:</b> US Department of Housing and Urban Development		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Roseville; Placer County; California			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Section 202 Supportive Housing for the Elderly Program (Section 202 Program)		
<b>13. PROPOSED PROJECT</b> Start Date: 12/01/2006 Ending Date: 06/01/2009			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3rd b. Project 4th		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	5,819,931 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/28/2006		
b. Applicant	\$	25,000 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	500,000 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$	0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	0 <sup>00</sup>			
g. TOTAL	\$	6,344,931 <sup>00</sup>			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix		First Name Raymond		Middle Name W.	
Last Name Gee				Suffix	
b. Title Director of Development				c. Telephone Number (give area code) (916) 334-0810	
d. Signature of Authorized Representative <i>Raymond W. Gee</i>				e. Date Signed 3/28/06	

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
Legal Name: Eskaton Properties, Incorporated		Department:	
Organizational DUNS: 631506310		Division:	
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
Street: 5105 Manzanita Avenue		Prefix:	First Name: Raymond
City: Carmichael		Middle Name W.	
County: Sacramento		Last Name Gee	
State: CA	Zip Code 95608-0598	Suffix:	
Country: USA		Email: ray@eskaton.org	

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 - 2 9 0 6 3 1 6	Phone Number (give area code) (916) 334-0810	Fax Number (give area code) (916) 338-1248
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<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Other (specify) O
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Supportive Housing for the Elderly 1 4 - 1 5 7	<b>9. NAME OF FEDERAL AGENCY:</b> US Department of Housing and Urban Development
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Dos Palos; Merced County; California	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Section 202 Supportive Housing for the Elderly Program (Section 202 Program)
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<b>13. PROPOSED PROJECT</b>	<b>14. CONGRESSIONAL DISTRICTS OF:</b>
Start Date: 03/01/2007	a. Applicant 3rd
Ending Date: 12/01/2009	b. Project 18th

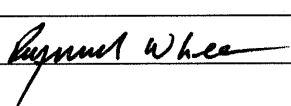
<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 2,973,871 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 10,000 <sup>00</sup>	DATE: 03/28/2006
c. State \$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$ 200,000 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$ 0 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
f. Program Income \$ 0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 3,183,871 <sup>00</sup>	

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

<b>a. Authorized Representative</b>		
Prefix	First Name Raymond	Middle Name W.
Last Name Gee	Suffix	
b. Title Director of Development	c. Telephone Number (give area code) (916) 334-0810	
d. Signature of Authorized Representative	e. Date Signed 3/28/06	

# APPLICATION FOR FEDERAL ASSISTANCE

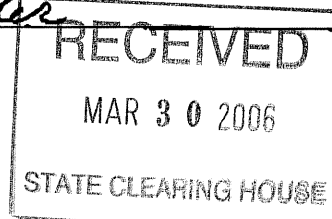
Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b>	Applicant Identifier																												
<b>Pre-application</b> <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier																												
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<b>5. APPLICANT INFORMATION</b>																															
Legal Name: Eskaton Properties, Incorporated		<b>Organizational Unit:</b> Department:																													
Organizational DUNS: 631506310		Division:																													
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County: Sacramento		Last Name Gee																													
State: CA	Zip Code 95608-0598	Suffix:																													
Country: USA		Email: ray@eskaton.org																													
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 - 2 9 0 6 3 1 6		Phone Number (give area code) (916) 334-0810	Fax Number (give area code) (916) 338-1248																												
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Other (specify) O																													
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Supportive Housing for the Elderly 1 4 - 1 5 7		<b>9. NAME OF FEDERAL AGENCY:</b> US Department of Housing and Urban Development																													
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Clearlake Oaks; Lake County; California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Section 202 Supportive Housing for the Elderly Program (Section 202 Program)																													
<b>13. PROPOSED PROJECT</b> Start Date: 12/01/2006    Ending Date: 12/01/2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3rd    b. Project 6th																													
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">1,124,640</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">10,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">50,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">1,184,640</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	1,124,640	.00	b. Applicant	\$	10,000	.00	c. State	\$	0	.00	d. Local	\$	50,000	.00	e. Other	\$	0	.00	f. Program Income	\$	0	.00	g. TOTAL	\$	1,184,640	.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/28/2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	1,124,640	.00																												
b. Applicant	\$	10,000	.00																												
c. State	\$	0	.00																												
d. Local	\$	50,000	.00																												
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f. Program Income	\$	0	.00																												
g. TOTAL	\$	1,184,640	.00																												
<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); display: inline-block;"> <b>RECEIVED</b> MAR 30 2006 STATE CLEARING HOUSE </div>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																													
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Last Name Gee		Suffix																													
b. Title Director of Development		c. Telephone Number (give area code) (916) 334-0810																													
d. Signature of Authorized Representative 		e. Date Signed 3/28/06																													

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 03/30/06	<b>Applicant Identifier</b>
<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b>			
<b>Legal Name:</b> COUNTY OF SAN DIEGO		<b>Organizational Unit:</b> Department: PUBLIC WORKS	
<b>Organizational DUNS:</b> 00-9581646		<b>Division:</b> AIRPORTS	
<b>Address:</b> Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020 Country: USA		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Email: PETER.DRINKWATER@sdcounty.ca.gov	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000934		<b>Phone Number (give area code)</b> (619) 956-4800 <b>Fax Number (give area code)</b> (619) 956-4801	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		<b>9. NAME OF FEDERAL AGENCY:</b> FEDERAL AVIATION ADMINISTRATION	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> RAMONA, SAN DIEGO COUNTY, CA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> RAMONA AIRPORT - REHABILITATE RUNWAY 9/27 PHASE I, IMPROVE RUNWAY DRAINAGE	
<b>13. PROPOSED PROJECT</b> Start Date: TBD Ending Date: TBD		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 52 b. Project 52	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal \$ 610,750.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: BY 4/10/06 (Faxed to (916) 323.3018)	
b. Applicant \$ 29,010.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State \$ 3,135.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local \$ .00		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other \$ .00		<input type="checkbox"/> Yes. If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income \$ .00			
g. TOTAL \$ 642,895.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix		First Name PETER	
Last Name DRINKWATER		Middle Name L.	
b. Title DIRECTOR OF COUNTY AIRPORTS -		Suffix	
d. Signature of Authorized Representative		c. Telephone Number (give area code) (619) 956-4839	
		e. Date Signed 03/30/06	

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Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <b>3/30/06</b>	Applicant Identifier R9 Tracking #05-366	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: California State University, East Bay Foundation		Organizational Unit: Department:		
Organizational DUNS: 19-404-4335		Division:		
Address: Street: 25976 Carlos Bee Blvd.		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Hayward		Prefix: Dr.	First Name: Karina	
County: Alameda County		Middle Name		
State: CA		Last Name Garbesi		
Zip Code 94542		Suffix: Ph.D.		
Country: US		Email: karina.garbesi@csueastbay.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1524922		Phone Number (give area code) 510-885-3172		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Fax Number (give area code) 510-885-2353		
Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Non Profit Organization (O) Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Surveys - Studies		9. NAME OF FEDERAL AGENCY: US EPA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): EPA Region 9		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Proposal to Continue the Development and Operation of the Region 9 Environmental Finance Center		
13. PROPOSED PROJECT Start Date: 5/1/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 13th		
Ending Date: 4/30/07		b. Project Region 9		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 222,222	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 37,815	DATE: 3/30/06		
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 260,037			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Dr.	First Name James	Middle Name J.		
Last Name Kelly	Suffix Ph.D.			
b. Title Interim Provost and Vice President, Academic Affairs	c. Telephone Number (give area code) 510-885-3711			
d. Signature of Authorized Representative	e. Date Signed 3/30/06			

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# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED March 30, 2006		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
5. APPLICANT INFORMATION				R-9 Tracking #06-065	
Legal Name: Hi-Desert Water District			Organizational Unit: Department:		
Organizational DUNS: 081149304			Division:		
Address: Street: 55439 29 Palms Hwy City: Yucca Valley County: San Bernardino State: CA Zip Code 92284 Country: U.S.A.			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: 760-365-8333 First Name: Pat Middle Name Last Name Grady Suffix: Email: patg@hdwd.com Phone Number (give area code) 760-365-8333 Fax Number (give area code) 760-365-0599		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2303211			7. TYPE OF APPLICANT: (See back of form for Application Types) Special District Other (specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE (Name of Program): Water Reuse Demonstration Project			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project consists of ongoing engineering studies, environmental work, geotech studies, and acquisition of easements.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yucca Valley, San Bernardino County, State of California			14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 40 b. Project Same		
13. PROPOSED PROJECT Start Date: 5/1/2006 Ending Date: 12/30/2007			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 30, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 334,500 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 334,500			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Last Name Pearl First Name Lee Middle Name Suffix c. Telephone Number (give area code) 760-365-8333 e. Date Signed March 30, 2006					
b. Title General Manager d. Signature of Authorized Representative 					

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Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

1. TYPE OF SUBMISSION:

Application

Pre-application

☐ Construction  
☒ Non-Construction

☐ Construction  
☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Department of Pesticide Regulation

Organizational Unit: Management Analysis

Department: Department of Pesticide Regulation

Organizational DUNS: 80321997

Division: Division of Administrative Services

Mailing Address:

P.O. Box 4015  
Sacramento, CA 95812-4015

Name and telephone number of person to be contacted on matters involving this application (give area code)

Street:  
1001 I Street

RECEIVED

MAR 30 2006

Prefix:

First Name: David

City: Sacramento,

STATE CLEARING HOUSE

Middle Name: Charles

County: Sacramento

Last Name: McCarty

State: California

Zip Code: 95814

Suffix:

Country: U.S.A.

Email: dmccarty@edpr.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0325102

Phone Number (give area code)  
(916) 323-4995Fax Number (give area code)  
(916) 445-4149

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)

☐ ☐

Other (specify)

10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66-700

TITLE (Name of Program):

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):

13. PROPOSED PROJECT

Start Date: 1/1/2006

Ending Date: 12/31/2006

15. ESTIMATED FUNDING:

a. Federal	\$	458,255.00
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	

f. Program Income	\$	
g. TOTAL	\$	458,255.00

 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  
 a. Yes ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:  
 b. No ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Middle Name

Prefix

First Name  
Mary-Ann

Suffix

Last Name

Warmerdam

b. Title Director

c. Telephone Number (give area code)

(916) 445-4000

e. Date Signed

December 15, 2005

d. Signature of Authorized Representative

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APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: California Department of Pesticide Regulation		Department:	
Organizational DUNS: 80032197		Division:	
Address: Street: P.O. Box 4015		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix:	First Name: David
County: Sacramento		Middle Name: Charles	
State: CA		Last Name: McCarthy	
Zip Code: 95812	Suffix:		
Country: USA	Email: dmccarty@cdpr.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325102		Phone Number (give area code) (916) 323-4995	Fax Number (give area code) (916) 445-4149
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) A		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 68-700		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Consolidated Cooperative Agreement	
13. PROPOSED PROJECT Start Date: July 1, 2005 Ending Date: June 30, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: State of California b. Project: Statewide	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,168,776	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 354,191	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 1,522,967	a. Authorized Representative	
		Prefix: First Name: Mary-Ann Middle Name:	
		Last Name: Warnercam Suffix:	
		b. Title: Director c. Telephone Number (give area code): (916) 445-4000	
Signature of Authorized Representative		d. Date Signed: May 31, 2005	

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

2. DATE SUBMITTED

Applic. Identifier

40064

3. DATE RECEIVED BY STATE

State Application Identifier

## 1. \* TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 0467058490000

\* Legal Name: Regents of the University of California, Irvine

Department: Sponsored Projects

Division: Office of Research Admin.

\* Street1: 300 University Tower

Street2:

\* City: Irvine

County: Orange

\* State: CA

\* ZIP Code: 92697-7800

\* Country: USA

RECEIVED

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Darlene

K.

Sullivan

\* Phone Number: 949-824-0341

Fax Number: 949-824-2094

Email: dksullivan@uci.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-2226406

## 7. \* TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New
☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration

☐ D. Decrease Duration ☐ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Multiple-Time-Scale Gyrokinetic Particle Simulation with Collisions

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

International

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

10/01/2006

09/30/2009

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

48

US-all

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Zhihong

Lin

PhD

Position/Title: Professor and PI

\* Organization Name: Regents of the University of California, Irvine

Department: Physics &amp; Astronomy

Division:

Physical Sciences

\* Street1: 4129 Frederick Reines Hall

Street2:

\* City: Irvine

County: Orange

\* State: CA

\* ZIP Code: 92697-4575

\* Country: USA

\* Phone Number: 949-824-2717

Fax Number: 949-824-2174

\* Email: zhihongl@uci.edu

Post-It® Fax Note

7671

Date

# of pages 2

To: Grant Coordination

From: Darlene Sullivan

Co./Dept.

Co.

Phone #

Phone #

Fax #

Fax #

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:  \* ZIP Code:

\* Country:

\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

# PART I - FACE SHEET

## APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Non-Construction

2a. DATE SUBMITTED TO CORPORATION  
FOR NATIONAL AND COMMUNITY  
SERVICE (CNCS):

03/10/06

2b. APPLICATION ID:

06VS060924

3. DATE RECEIVED BY STATE:

4. DATE RECEIVED:

03/10/06

STATE APPLICATION IDENTIFIER:

GRANT NUMBER:

### 5. APPLICATION INFORMATION

LEGAL NAME: Community Development Commission of the County of Los Angeles

DUNS NUMBER: 961608163

ADDRESS (give street address, city, state and zip code):

2 Coral Circle  
Monterey Park CA 91755

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER  
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give  
area codes):

NAME: Linda Alexander

TELEPHONE NUMBER: (323) 838-7730

FAX NUMBER: (323) 890-8580

INTERNET E-MAIL ADDRESS: linda.alexander@laccdc.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

953777596

7. TYPE OF APPLICANT:

7a. Other

7b. Local Government, Municipal

8. TYPE OF APPLICATION:

☒ NEW ☐ CONTINUATION

☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration

9. NAME OF FEDERAL AGENCY:

**Corporation for National and Community Service**

**RECEIVED**

**MAR 29 2006**

**STATE CLEARING HOUSE**

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.013

10b. TITLE: VISTA State

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Public Housing Resident Programs

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Los Angeles County

Program Type: Standard

Cost Share: ☐

13. PROPOSED PROJECT: START DATE: 07/09/06 END DATE: 07/04/07

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL \$ 0.00

b. APPLICANT \$ 236,744.00

c. STATE \$ 0.00

d. LOCAL \$ 0.00

e. OTHER \$ 221,842.00

f. PROGRAM INCOME \$ 0.00

g. TOTAL \$ 458,586.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE  
ORDER 12372 PROCESS?

☐ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE  
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR  
REVIEW ON:  
DATE:

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation. ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN  
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE  
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Carlos Jackson

b. TITLE:

Executive Director

c. TELEPHONE NUMBER:

(323) 890-7400

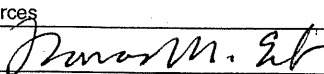
d. DATE:

03/10/06

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b> California <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Applicant Identifier FI 405-3010 State Application Identifier Federal Identifier V-96933701-01 04-11	
---	--	---	--	--	--

<b>5. APPLICANT INFORMATION</b>																														
Legal Name: City of Los Angeles Department of Water and Power		Organizational Unit: Department: Los Angeles Department of Water and Power																												
Organizational DUNS: 361546612		Division: Water Resources																												
Address: Street: 111 North Hope Street, Room1460		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Mark																												
City: Los Angeles		Middle Name J.																												
County: Los Angeles		Last Name Aldrian																												
State: California	Zip Code 90012-2607	Suffix:																												
Country: USA		Email: mark.alldrian@ladwp.com																												
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000736		Phone Number (give area code) (213) 3670968																												
		Fax Number (give area code) (213) 367-0939																												
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types)  Municipal Other (specify)																												
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right;">66-802</div> TITLE (Name of Program): Remedial Cleanups		9. NAME OF FEDERAL AGENCY: USEPA																												
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Fernando Valley, City of Los Angeles, Los Angeles County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: North Hollywood Operable Unit (NHOU) Operation and Maintenance (O&M)																												
13. PROPOSED PROJECT Start Date: 8/1/06      Ending Date: 6/30/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant City of Los Angeles, DWP      b. Project NHOU O&M																												
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td>426,853</td><td>00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>47,428</td><td>00</td></tr> <tr><td>c. State</td><td>\$</td><td></td><td>00</td></tr> <tr><td>d. Local</td><td>\$</td><td></td><td>00</td></tr> <tr><td>e. Other</td><td>\$</td><td></td><td>00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td><td>00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>474,281</td><td>00</td></tr> </table>		a. Federal	\$	426,853	00	b. Applicant	\$	47,428	00	c. State	\$		00	d. Local	\$		00	e. Other	\$		00	f. Program Income	\$		00	g. TOTAL	\$	474,281	00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE: Will give you date when letter is ready  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	426,853	00																											
b. Applicant	\$	47,428	00																											
c. State	\$		00																											
d. Local	\$		00																											
e. Other	\$		00																											
f. Program Income	\$		00																											
g. TOTAL	\$	474,281	00																											
<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg); display: inline-block;"> <b>RECEIVED</b>  <b>MAR 29 2006</b>  <b>STATE CLEARING HOUSE</b> </div>		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																														
a. Authorized Representative																														
Prefix Mr.	First Name Thomas	Middle Name M.																												
Last Name Erb		Suffix																												
b. Title Director of Water Resources		c. Telephone Number (give area code) (213) 367-0873																												
d. Signature of Authorized Representative 		e. Date Signed 3/22/06																												

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 21, 2006	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: Mattole Restoration Council		Organizational Unit: N/A																					
Address (give city, county, State, and zip code): PO Box 160 Petrolia, CA 95558		Name and telephone number of person to be contacted on matters involving this application (give area code) Chris Larson (707) 629-3514 phone chris@mattole.org (707) 629-3577																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68 — 0037149		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <span style="border: 1px solid black; padding: 0 5px;">N</span> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 48%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>Non-profit</u> </div> </div>																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> USDA																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10 — 766 TITLE: USDA Rural Development Community Facility		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Fire Safety Facilities for the Mattole Watershed																					
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Whitethorn, Ettersburg, Honeydew, Petrolia: Humboldt, CA																							
<b>13. PROPOSED PROJECT</b> Start Date: 5/6/06    Ending Date: 8/6/06		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 1st. District    b. Project: 1st. District																					
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">37,225<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">7,865<sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">00<sup>00</sup></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">00<sup>00</sup></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">19,120<sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">00<sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">64,210<sup>00</sup></td> </tr> </table>		a. Federal	\$	37,225 <sup>00</sup>	b. Applicant	\$	7,865 <sup>00</sup>	c. State	\$	00 <sup>00</sup>	d. Local	\$	00 <sup>00</sup>	e. Other	\$	19,120 <sup>00</sup>	f. Program Income	\$	00 <sup>00</sup>	g. TOTAL	\$	64,210 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	37,225 <sup>00</sup>																					
b. Applicant	\$	7,865 <sup>00</sup>																					
c. State	\$	00 <sup>00</sup>																					
d. Local	\$	00 <sup>00</sup>																					
e. Other	\$	19,120 <sup>00</sup>																					
f. Program Income	\$	00 <sup>00</sup>																					
g. TOTAL	\$	64,210 <sup>00</sup>																					
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																							
a. Type Name of Authorized Representative Chris Larson		b. Title Executive Director																					
d. Signature of Authorized Representative 		c. Telephone Number (707) 629-3514 e. Date Signed 3/20/2006																					



Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Boat People SOS, Inc.

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

54-1563619

\* c. Organizational DUNS:

055305713

d. Address:

\* Street1:

6066 Leesburg Pike, Suite 100

Street2:

\* City:

Falls Church

County:

\* State:

VA: Virginia

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 22041-2234

e. Organizational Unit:

Department Name:

Survivor Services

Division Name:

CADV

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

\* First Name: Jean

Middle Name:

\* Last Name: Bruggeman

Suffix:

Title: Director of Survivor Services Department

Organizational Affiliation:

Boat People SOS, Inc.

\* Telephone Number: 703-538-2190

Fax Number: 703-538-2191

\* Email: jean.bruggeman@bpsos.org

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**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

Office for Victims of Crime

**11. Catalog of Federal Domestic Assistance Number:**

16.582

CFDA Title:

Crime Victim Assistance/Discretionary Grants

**\* 12. Funding Opportunity Number:**

OVC-2006-1290

\* Title:

OVC FY 06 Public Awareness in Underserved Communities

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Houston, TX and Orange County, CA and surrounding areas

**\* 15. Descriptive Title of Applicant's Project:**

Community Against Domestic Violence Public Awareness Campaign (CADV-PAC)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant VA11

\* b. Program/Project TX9

Attach an additional list of Program/Project Congressional Districts if needed.

OVCPProjectCongressionalDistricts.doc

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date: 10/01/2006

\* b. End Date: 09/30/2008

18. Estimated Funding (\$):

* a. Federal	50,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	50,000.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/21/2006 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No Explanation

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: \* First Name: Deborah

Middle Name:

\* Last Name: Kull

Suffix:

\* Title: AmeriCorps VISTA

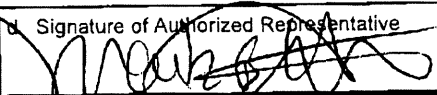
\* Telephone Number: 281-530-6888 Fax Number: 281-530-6838

\* Email: deborah.kull@bpsos.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

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# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> Application		<b>2. DATE SUBMITTED</b>		<b>Applicant Identifier</b>	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	
				<b>State Application Identifier</b>	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES			Organizational Unit: DEPARTMENT OF HEALTH SERVICES;		
Organizational DUNS: 968257675			Division: Division of Drinking Water & Environmental Management		
Address: Street: 1616 Capitol Avenue (MS 7418) P.O. Box 997413			Name and telephone number of the person to be contacted on matters involving this application (give area code)		
			Prefix: Mr.		First Name: Stephen
City: Sacramento			Middle Name: A		
County: Sacramento			Last Name: Woods		
State: California		Zip Code: 95899-7413			
Country:			Email: swoods1@dhs.ca.gov		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 6 8 - 0 3 1 7 1 9 1			Phone number (give area code) (916) 449-5624		Fax number (give area code) (916) 449-5656
<b>8. TYPE OF APPLICATION:</b> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.) Other Specify: <input type="checkbox"/> <input type="checkbox"/>			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types): Other (specify):		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER</b> 6 8 - 4 6 8 TITLE (Name of program): Capitalization Grants for Drinking Water State Revolving Fund			<b>9. NAME OF FEDERAL AGENCY:</b> ENVIRONMENTAL PROTECTION AGENCY		
<b>12. AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc) CALIFORNIA - STATEWIDE			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> DRINKING WATER STATE REVOLVING FUND LOAN PROGRAM		
<b>13. PROPOSED PROJECT:</b> Start Date: End Date:			<b>14. CONGRESSIONAL DISTRICTS OF</b> a. Applicant: b. Project ALL		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$84,847,500		a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 3/24/06		
b. Applicant			b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c. State	\$16,969,500		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local					
e. Other	\$3,450,000				
f. Program Income					
g. TOTAL	\$105,267,000		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix Dr.		First Name Mark		Middle Name	
Last Name Horton		Suffix M.D., M.S.P.H.			
b. Title State Public Health Officer/Chief Deputy Director		c. Telephone number (give area code) (916) 440-7400			
d. Signature of Authorized Representative 					e. Date Signed 3/17/06

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name: National University

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

23-7172306

## \* c. Organizational DUNS:

073347809

## d. Address:

## \* Street1:

11255 North Torrey Pines Road

## Street2:

## \* City:

La Jolla

## County:

San Diego

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

92037-1011

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## e. Organizational Unit:

## Department Name:

Office of Sponsored Programs

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Dr.

## \* First Name:

Darla

## Middle Name:

A.

## \* Last Name:

Calvet

## Suffix:

## Title: Associate Vice President of Sponsored Research

## Organizational Affiliation:

## \* Telephone Number: 858-642-8139

## Fax Number: 858-642-8761

## \* Email: dcalvet@nu.edu

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

O: Private Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

S: Hispanic-serving Institution

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.031

CFDA Title:

Higher Education\_Institutional Aid

**\* 12. Funding Opportunity Number:**

ED-GRANTS-012406-001

\* Title:

84.031S Hispanic-Serving Institutions Program

**13. Competition Identification Number:**

84-031S2006-2

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

San Diego, CA

**\* 15. Descriptive Title of Applicant's Project:**

Strengthening Support Services for Hispanic Students

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant 52

\* b. Program/Project 52

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 10/01/2006

\* b. End Date: 09/30/2011

18. Estimated Funding (\$):

* a. Federal	462,963.00
* b. Applicant	44,450.00
* c. State	0.00
* d. Local	0.00
* e. Other	50,000.00
* f. Program Income	0.00
* g. TOTAL	557,413.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/01/2006

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Dr. \* First Name: Darla  
Middle Name: A  
\* Last Name: Calvet  
Suffix:

\* Title: Associate Vice President for Sponsored Resear

\* Telephone Number: 858-642-8139 Fax Number: 858-642-8761

\* Email: dcalvet@nu.edu

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

Version 7/03

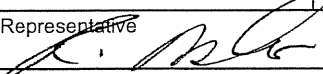
**APPLICATION FOR  
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 13, 2006	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City of Murrieta		Organizational Unit: City Manager's Office		
Organizational DUNS: 786430322		Department: Administration		
Address: 26442		Division:		
Street: Beckman Court		Name and telephone number of person to be contacted on matters involving this application (give area code) (951) 461-6008		
City: Murrieta		Prefix:	First Name: Nancy	
County: Riverside		Middle Name: J.		
State: CA		Last Name: Driggers		
Zip Code: 92562		Suffix:		
Country: United States		Email: ndriggers@murrieta.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  33-0468975		Phone Number (give area code) (951) 461-6008		Fax Number (give area code) (951) 698-9885
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types)  C  Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  66-606  TITLE (Name of Program): Surveys, Studies, Investigations and Special Purpose Grants		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): City of Murrieta downtown area		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Murrieta Wastewater Planning and Construction Project		
13. PROPOSED PROJECT Start Date: 01/15/04    Ending Date: 06/30/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California 43rd    b. Project California 43rd		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$939,800	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/22/06		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
d. Local	\$			
e. Other Western Municipal Water District	\$422,910			
f. Program Income	\$			
g. TOTAL	\$1,362,710			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name Lori	Middle Name A.		
Last Name Moss			Suffix	
b. Title City Manager			c. Telephone Number (give area code) (951) 461-6002	
d. Signature of Authorized Representative			c. Date Signed 3/22/06	



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED March 13, 2006	Applicant Identifier
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Corcoran Joint Unified School District		Organizational Unit: Corcoran Unified School District	
Address (give city, county, State, and zip code): 1520 Patterson Ave. Corcoran, Kings Co., CA 93212		Name and telephone number of person to be contacted on matters involving this application (give area code) (559) 992-3104	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 1 — 2 1 2 8 9 1 2           </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">H</span>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A. State</div> <div style="width: 50%;">H. Independent School Dist.</div> <div style="width: 50%;">B. County</div> <div style="width: 50%;">I. State Controlled Institution of Higher Learning</div> <div style="width: 50%;">C. Municipal</div> <div style="width: 50%;">J. Private University</div> <div style="width: 50%;">D. Township</div> <div style="width: 50%;">K. Indian Tribe</div> <div style="width: 50%;">E. Interstate</div> <div style="width: 50%;">L. Individual</div> <div style="width: 50%;">F. Intermunicipal</div> <div style="width: 50%;">M. Profit Organization</div> <div style="width: 50%;">G. Special District</div> <div style="width: 50%;">N. Other (Specify) _____</div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>  <div style="display: flex; justify-content: space-between;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between;"> <div>D. Decrease Duration</div> <div>Other(specify): _____</div> </div>			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 0 — 7 6 6           </div>  TITLE: Community Facilities Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Computer's for School	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Corcoran			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/1/06	Ending Date 9/1/07	a. Applicant 20 Costa	b. Project 20 Costa
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 21,000 <sup>00</sup>		
b. Applicant	\$ 39,000 <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
c. State	\$ . <sup>00</sup>		
d. Local	\$ . <sup>00</sup>		
e. Other	\$ . <sup>00</sup>		
f. Program Income	\$ . <sup>00</sup>		
g. TOTAL	\$ 60,000 <sup>00</sup>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Rich Merlo		b. Title Superintendent	c. Telephone Number (559) 992-3104
d. Signature of Authorized Representative 		e. Date Signed 3/16/06	

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Applicant Identifier  State Application Identifier  Federal Identifier
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<b>5. APPLICANT INFORMATION</b> Legal Name: Central Sierra Resource Conservation & Development, Inc  Organizational DUNS: 136584179  <b>Address:</b> Street: 235D New York Ranch Road  City: Jackson  County: Amador  State: CA Zip Code: 95642  Country: USA		<b>Organizational Unit:</b> Department:  Division:  <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Dr. First Name: S Middle Name: Lee Last Name: Seaton Suffix:  Email: lseaton@atcaa.org Phone Number (give area code): (209) 533-0361 ext. 242 Fax Number (give area code): (209) 533-0470
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<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 42-1586576	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> O - Not for Profit <input type="checkbox"/> Other (specify)
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<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> Natural Resources Conservation Service
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 10-901	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Central Sierra RC&D Cooperative Agreement
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<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Counties of Alpine, Amador, Calaveras, Mono (north half), and Tuolumne	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 3 b. Project: 3, 19
--	--

<b>13. PROPOSED PROJECT</b> Start Date: 3/31/2006 Ending Date: 3/31/2007	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/21/06 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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<b>15. ESTIMATED FUNDING:</b> <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">15,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>15,000</td> <td>.00</td> </tr> </table>	a. Federal	\$	15,000	.00	b. Applicant	\$		.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	15,000	.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	15,000	.00																										
b. Applicant	\$		.00																										
c. State	\$		.00																										
d. Local	\$		.00																										
e. Other	\$		.00																										
f. Program Income	\$		.00																										
g. TOTAL	\$	15,000	.00																										

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Authorized Representative	Prefix: First Name: Alfred	Middle Name: A
	Last Name: Nunes	Suffix:
b. Title: Secretary/Treasurer	c. Telephone Number (give area code): (209) 257-1851	
d. Signature of Authorized Representative: <i>Alfred A Nunes</i>	e. Date Signed: 3/31/06	

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> January 13, 2006	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>															
Legal Name: Santa Cruz County Resource Conservation District	<b>Organizational Unit:</b> Department:														
Organizational DUNS: 146209874	Division:														
<b>Address:</b> Street: 820 Bay Avenue Suite 128 City: Capitola County: Santa Cruz County State: California      Zip Code 95126	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms      First Name: Jennifer Middle Name: Rose Last Name: Stern Suffix:														
Country: United States	Email: jstern@sccrcd.org														
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 4 - 6 0 0 0 5 3 4         </div>	Phone Number (give area code) (831) 464-2950														
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A, State Organization, Resource Conservation District Other (specify)														
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1 1 - 4 6 3         </div>	<b>9. NAME OF FEDERAL AGENCY:</b> National Marine Fisheries Service or NOAA Fisheries														
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Deer and Bear Creek, San Lorenzo River, Monterey Bay Natl Marine Sanctuary	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Deer Creek Ford Replacement Project														
<b>13. PROPOSED PROJECT</b> Start Date: March 1, 2006      Ending Date: February 29, 2008	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 17th Cong. District, Sam Farr      b. Project: 14th Cong. Dist, Anna Eshoo														
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal NOAA</td> <td>\$ 267,160<sup>00</sup></td> </tr> <tr> <td>b. Applicant SCCRCD</td> <td>\$<sup>00</sup></td> </tr> <tr> <td>c. State Coastal Conservancy</td> <td>\$ 122,607<sup>00</sup></td> </tr> <tr> <td>d. Local Fish&amp;Game Commission</td> <td>\$ 10,250<sup>00</sup></td> </tr> <tr> <td>e. Other Deer Creek Community</td> <td>\$ 13,780<sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$<sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 146,637<sup>00</sup></td> </tr> </table>	a. Federal NOAA	\$ 267,160 <sup>00</sup>	b. Applicant SCCRCD	\$ <sup>00</sup>	c. State Coastal Conservancy	\$ 122,607 <sup>00</sup>	d. Local Fish&Game Commission	\$ 10,250 <sup>00</sup>	e. Other Deer Creek Community	\$ 13,780 <sup>00</sup>	f. Program Income	\$ <sup>00</sup>	g. TOTAL	\$ 146,637 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 10, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal NOAA	\$ 267,160 <sup>00</sup>														
b. Applicant SCCRCD	\$ <sup>00</sup>														
c. State Coastal Conservancy	\$ 122,607 <sup>00</sup>														
d. Local Fish&Game Commission	\$ 10,250 <sup>00</sup>														
e. Other Deer Creek Community	\$ 13,780 <sup>00</sup>														
f. Program Income	\$ <sup>00</sup>														
g. TOTAL	\$ 146,637 <sup>00</sup>														
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No															
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>															
<b>a. Authorized Representative</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Prefix: Ms</td> <td>First Name: Jennifer</td> <td>Middle Name: Rose</td> </tr> <tr> <td colspan="2">Last Name: Stern</td> <td>Suffix:</td> </tr> <tr> <td colspan="2">b. Title: Watershed Coordinator</td> <td>c. Telephone Number (give area code): (831) 464-2950</td> </tr> <tr> <td colspan="2">d. Signature of Authorized Representative</td> <td>e. Date Signed: January 13, 2006</td> </tr> </table>		Prefix: Ms	First Name: Jennifer	Middle Name: Rose	Last Name: Stern		Suffix:	b. Title: Watershed Coordinator		c. Telephone Number (give area code): (831) 464-2950	d. Signature of Authorized Representative		e. Date Signed: January 13, 2006		
Prefix: Ms	First Name: Jennifer	Middle Name: Rose													
Last Name: Stern		Suffix:													
b. Title: Watershed Coordinator		c. Telephone Number (give area code): (831) 464-2950													
d. Signature of Authorized Representative		e. Date Signed: January 13, 2006													

Version 7/03

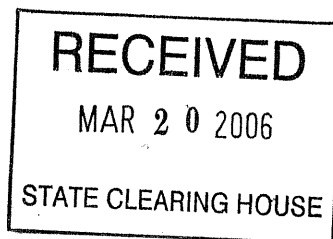
APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/21/2006		Applicant Identifier 1666	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		Federal Identifier	
3. DATE RECEIVED BY STATE					
4. DATE RECEIVED BY FEDERAL AGENCY					
5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name:			Department: Transit		
City of Torrance			Division: Transit		
Organizational DUNS: 136190357			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Address:			Prefix: Mr.		
Street: 20500 Madrona Avenue			First Name: James		
City: Torrance			Middle Name: R.		
County: Los Angeles			Last Name: Mills		
State: CA			Suffix:		
Zip Code: 90503			Email: jmills@torrnet.com		
Country: USA			Phone Number (give area code) (310) 618-6291		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000803			Fax Number (give area code) (310) 618-6229		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> Now <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
Other (specify)			8. NAME OF FEDERAL AGENCY: Federal Transit Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-507			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Section 5307 Capital Assistance		
TITLE (Name of Program): Federal Transit Formula Grants			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Harman/Millender-McDonald		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County			b. Project Same		
13. PROPOSED PROJECT Start Date: 12/31/2004			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/15/2004		
Ending Date: 6/30/2007			b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$	2,766,000			
b. Applicant	\$				
c. State	\$				
d. Local	\$	666,500			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	3,432,500			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative			Middle Name R.		
Prefix Mr.			First Name James		
Last Name Mills			Suffix		
b. Title Transit Administration Manager			c. Telephone Number (give area code) (310) 618-6291		
d. Signature of Authorized Representative			e. Date Signed 3/21/06		

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102



# Second Program Year Action Plan



The CPMP Second Annual Action Plan includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.

## SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

May 15, 2006	B-06-06-0610	<b>Type of Submission</b>	
Date Received by state	State Identifier	<b>Application</b>	<b>Pre-application</b>
Date Received by HUD	Federal Identifier	<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>			
City of Bakersfield		CA60228 BAKERSFIELD	
900 Truxtun Avenue, Suite 201		02-8514136	
0		Organizational Unit	
Bakersfield	California	Economic & Community Development	
93301	Country U.S.A.	Community Development	
<b>Employer Identification Number (EIN):</b>		Kern	
95-6000672		7/1	
<b>Applicant Type:</b>		<b>Specify Other Type if necessary:</b>	
Local Government: City		Specify Other Type	
<b>Program Funding</b>		<b>U.S. Department of Housing and Urban Development</b>	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, ocalities etc.); Estimated Funding			
<b>Community Development Block Grant</b>		14.218 Entitlement Grant	
CDBG Project Titles This program is designed to address local housing needs, upgrade the physical environment and provide for a viable urban community.		Description of Areas Affected by HOME Project(s) City of Bakersfield	
CDBG Grant Amount \$3,391,309	Additional HUD Grant(s) Leveraged \$0	Describe N/A	
Additional Federal Funds Leveraged \$0	Additional State Funds Leveraged \$0		
Locally Leveraged Funds \$0	Grantee Funds Leveraged \$0		
Anticipated Program Income \$150,000	Other (Describe) N/A		
Total Funds Leveraged for CDBG-based Project(s) \$3,541,309			

## City of Bakersfield

<b>Home Investment Partnerships Program</b>		14.239 HOME
HOME Project Titles This program is designed to address local housing needs.		Description of Areas Affected by HOME Project(s) City of Bakersfield
HOME Grant Amount \$1,586,233	Additional HUD Grant(s) Leveraged \$0	Describe N/A
Additional Federal Funds Leveraged \$0		Additional State Funds Leveraged \$0
Locally Leveraged Funds \$0		Grantee Funds Leveraged \$0
Anticipated Program Income \$375,000		Other (Describe) N/A
Total Funds Leveraged for HOME-based Project(s) \$1,961,233		
<b>Housing Opportunities for People with AIDS</b>		14.241 HOPWA
HOPWA Project Titles N/A		Description of Areas Affected by HOPWA Project(s) N/A
\$HOPWA Grant Amount N/A	\$Additional HUD Grant(s) Leveraged N/A	Describe N/A
\$Additional Federal Funds Leveraged N/A		\$Additional State Funds Leveraged N/A
\$Locally Leveraged Funds N/A		\$Grantee Funds Leveraged N/A
\$Anticipated Program Income N/A		Other (Describe) N/A
Total Funds Leveraged for HOPWA-based Project(s) N/A		
<b>Emergency Shelter Grants Program</b>		14.231 ESG
ESG Project Titles Provides funds to improve the quality of existing emergency shelters for the homeless, helps meet the costs of operating emergency shelters, providing certain essential services, and prevention programs.		Description of Areas Affected by ESG Project(s) City of Bakersfield
ESG Grant Amount \$144,045	Additional HUD Grant(s) Leveraged \$0	Describe N/A
Additional Federal Funds Leveraged \$0		Additional State Funds Leveraged \$0
Locally Leveraged Funds \$0		Grantee Funds Leveraged \$0
Anticipated Program Income \$0		Other (Describe) N/A

City of Bakersfield

Total Funds Leveraged for ESG-based Project(s) \$0			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts 20 <sup>th</sup> and 21 <sup>st</sup>	Project Districts 20 <sup>th</sup> and 21 <sup>st</sup>		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on 3/15/06
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review
Person to be contacted regarding this application			
George	0	Gonzales	
Community Dev. Coordinator	(661) 326-3765	(661) 328-1548	
ggonzale@bakersfieldcity.us	www.bakersfieldcity.us	Other Contact	
Signature of Authorized Representative			Date Signed

# APPLICATION FOR FEDERAL ASSISTANCE

Version 9/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		2. DATE SUBMITTED 3/15/06		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier DE-FG02-06CH11366	
5. APPLICANT INFORMATION					
Legal Name: Henry Mayo Newhall Memorial Hospital			Organizational Unit: Department: Henry Mayo Newhall Memorial Health Foundation		
Organizational DUNS: 085405439			Division:		
Address: Street: 23845 McBean Parkway			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Valencia			Prefix: Ms. First Name: Diana		
County:			Middle Name: B.		
State: CA Zip Code: 91355			Last Name: Vose		
Country:			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 2 8 2 7 1 0 4			Email: vosedb@henrymayo.com		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			Phone Number (give area code) (661) 253-8082		
			FAX Number (give area code) (661) 253-8075		
8. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> Nonprofit Org. (Other than Inst. of Higher Edu) Other (specify)			9. NAME OF FEDERAL AGENCY: Health and Human Services		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 8 1 - 0 4 9			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Cardiac Cath Lab Equipment		
TITLE (Name of Program) Dept. of Energy Environmental & Biological Medicine					
12. AREAS AFFECTED BY PROJECT (Cities, Countries, States, etc.) L.A. County					
13. PROPOSED PROJECT Start Date: 6/96 Ending Date: 12/06			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 25 <sup>th</sup> Congressional District b. Project: 25 <sup>th</sup> Congressional District		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal		\$ 385,000.00	a. YES. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3-20-06		
b. Applicant		\$ .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c. State		\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local		\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other		\$ 841,974.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income		\$ .00			
g. TOTAL		\$ 1,226,974.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.					
a. Authorized Representative					
Prefix Mr.		First Name Roger	Middle Name E.		
Last Name Seaver		Suffix			
b. Title President & CEO		c. Telephone Number (give area code) (661) 253-8011			
Email: seaverre@henrymayo.com		Fax Number (give area code) (661) 253-8142			
d. Signature of Authorized Representative		e. Date Signed 3/14/06			



APPLICATION FOR  
FEDERAL ASSISTANCE

## TYPE OF SUBMISSION:

Application ☒ Pre-application  
 Construction ☐ Construction  
 Non-Construction ☐ Non-Construction

2. DATE SUBMITTED  
**March 10, 2006**

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

**F-108-B Amendment #4**

## APPLICANT INFORMATION

Legal Name: **State of California**Organizational DUNS: **808322358**

Address:

Street: **1812 Ninth Street**City: **Sacramento**County: **Sacramento**State: **CA**Country: **US**Zip Code: **95814**

EMPLOYER IDENTIFICATION NUMBER (EIN):

**94-1697567**

1. TYPE OF APPLICATION:

☐ New☒ Continuation☒ Revision

If Revision, enter appropriate letter(s) in box(es):

See back of form for description of letters.)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

**1 5 - 6 0 5**

TITLE (Name of Program):

**Sport Fish Restoration Act**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

**Sacramento County**

13. PROPOSED PROJECT:

Start Date:

**3/15/2002**

Ending Date:

**12/31/2006**

15. ESTIMATED FUNDING:

a. Federal	\$	\$465,372.00
b. Applicant	\$	
c. State	\$	\$155,124.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	\$620,496.00

Organizational Unit:

Department: **Fish and Game**Division: **Fisheries Programs Branch**

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Prefix: First Name: **Carolyn**Middle Name: **Murata**Last Name: **Murata**

Suffix:

E-mail: **cmurata@dfg.ca.gov**

Phone Number (give area code)

**(916) 445-3559**

FAX Number (give area code)

**(916) 445-4044**

7. TYPE OF APPLICANT: (See back of form for Application Types)

**A. State**

Other (specify)

9. NAME OF FEDERAL AGENCY:

**U.S. Department of Interior, Fish and Wildlife Service**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**Amendment #4 to Motorboat Access Enhancement Project for the City of Isleton Public Access. Requesting a revision to the original budget.**

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

**3**

b. Project

**3**

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes.

☒

THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: **3-20-06**

b. No.

☐

PROGRAM IS NOT COVERED BY E.O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes. If "Yes" attach an explanation.☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix First Name **Renee**

Middle Name

Last Name **Renwick**

Suffix

b. Title **Assistant Deputy Director, Administration**

c. Telephone Number (give area code)

**(916) 653-4633**

d. Signature of Authorized Representative

e. Date Signed

**2/10/06**

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Version 02

## Application for Federal Assistance SF-424

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

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MAR 20 2006

STATE CLEARING HOUSE

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## B. APPLICANT INFORMATION:

\* a. Legal Name: Regents of University of California (UC Davis)

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6036494

\* c. Organizational DUNS:

047120084

## d. Address:

\* Street1: Office of Research, Sponsored Programs

Street2: 118 Everson Hall, One Shields Avenue

\* City: Davis

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 95616

## e. Organizational Unit:

Department Name:

Bodega Marine Laboratory

Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Dr.

\* First Name: Gary

Middle Name:

N.

\* Last Name:

Chen

Suffix:

Title: Contaminant Effects Assessment in Coastal ...

Organizational Affiliation:

\* Telephone Number: (707) 875-2051

Fax Number: (707) 875-2089

\* Email: gnchen@ucdavis.edu

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

H: Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

Environmental Protection Agency

**11. Catalog of Federal Domestic Assistance Number:**

66.461

CFDA Title:

Wetland Program Grants

**\* 12. Funding Opportunity Number:**

EPA-REGIXWPDG-2006

\* Title:

Wetlands Program Development Grants

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**\* 15. Descriptive Title of Applicant's Project:**

Contaminant Effects Assessment in Coastal Marshes: A Practical Resident Species Approach

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant

1

\* b. Program/Project

So Cal

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Cancel Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 09/01/2006

\* b. End Date: 08/31/2008

## 18. Estimated Funding (\$):

* a. Federal	299,716.00
* b. Applicant	99,947.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	399,663.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/20/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. "By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:

\* First Name:

Kimberly

Middle Name:

\* Last Name:

Lamar

Suffix:

\* Title:

Contracts &amp; Grants Analyst

\* Telephone Number:

530-752-8065

Fax Number:

530-754-9233

\* Email:

kdilamar@ucdavis.edu

\* Signature of Authorized Representative

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.

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Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

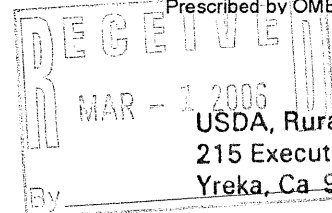
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 03/01/2006	Applicant Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY 3-1-2006	Federal Identifier 87

**5. APPLICANT INFORMATION**

Legal Name: SISKIYOU COUNTY ECONOMIC DEVELOPMENT		Organizational Unit: Department:	
Organizational DUNS: 187670336		Division:	
Address: Street: 1512 SO. OREGON STREET		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: YREKA		Prefix: MRS	First Name: TONYA
County: SISKIYOU		Middle Name A.	Last Name DOWSE
State: CALIFORNIA	Zip Code 96067	Suffix:	
Country: USA		Email: tonya@siskiyoucounty.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0062634		Phone Number (give area code) 530-842-1638	Fax Number (give area code) 530-842-2685
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O-EDC NON-PROFIT Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE (Name of Program): Rural Enterprise Grant Program (RBEG)		9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): YREKA, CALIFORNIA, SISKIYOU COUNTY		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMERCIAL KITCHEN EQUIPMENT AND TECHNICAL ASSISTANCE	
13. PROPOSED PROJECT Start Date: 05-01-2006 Ending Date: 05-31-2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 2 - Wally Herger b. Project District 2 - Wally Herger	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 33,000.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant \$ 12,000.00		DATE:	
c. State \$ .00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local \$ .00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other \$ .00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income \$ .00		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL \$ 45,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix MRS.	First Name TONYA	Middle Name A.	
Last Name DOWSE		Suffix	
b. Title EXECUTIVE DIRECTOR		c. Telephone Number (give area code) 530-842-1638	
d. Signature of Authorized Representative Tonya Dowse		e. Date Signed 03-01-2006	

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102



USDA, Rural Development  
215 Executive Ct., Ste B  
Yreka, Ca 96097-2692

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 10, 2006	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Livingston Union School District		Organizational Unit: Department: Campus Park Elementary School	
Organizational DUNS: 193211638		Division:	
Address: Street: 922 B Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Livingston		Prefix: Mrs.	First Name: Kathy
County: Merced		Middle Name	
State: CA		Last Name Berkeley	
Zip Code: 95334-1150		Suffix:	
Country: United States		Email: kberkeley@lUSD.k12.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0572116		Phone Number (give area code) (209) 394-5401	Fax Number (give area code) (209) 394-5401
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) N. Other Other (specify) Public School District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities and School Districts		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Campus Park Parking Lot Expansion Project	
13. PROPOSED PROJECT Start Date: June 1, 2006 Ending Date: July 31, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18 b. Project 18	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 10, 2006	
b. Applicant	\$ 182,100.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 232,100.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Henry	Middle Name M.	
Last Name Escobar		Suffix	
b. Title Superintendent		c. Telephone Number (give area code) (209) 394-5400	
d. Signature of Authorized Representative		e. Date Signed February 10, 2006	

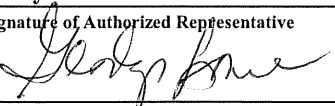
APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <i>March 10, 2006</i>	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Access Services, Inc. PO Box 71684, L.A.		Organizational Unit: Department:	
Organizational DUNS: 883300121		Division:	
Address: Street: PO Box 71684		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Los Angeles, CA		Prefix:	First Name: Matthew
County: Los Angeles		Middle Name	
State: CA	Zip Code 90071	Last Name Avancena	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>95-4489711</i>		Email: avancena@asila.org	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		Phone Number (give area code) 213.270.6000	Fax Number (give area code) 213.270.6048
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <i>20-513</i>		7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
13. PROPOSED PROJECT Start Date: <i>7/1/2006</i> Ending Date: <i>9/30/2007</i>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1) Transportation Services Including eligibility, customer services and purchased transportation; 2) Vehicle Replacement	
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF:	
a. Federal	\$ <i>50,562,000</i>	a. Applicant 21-47	b. Project 21-47
b. Applicant	\$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
c. State	\$	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
d. Local	\$ <i>6,550,843</i>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ <i>57,112,843</i>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name <i>MATTHEW</i>	Middle Name <i>K.</i>	
Last Name <i>AVANCENA</i>		Suffix	
b. Title <i>STRATEGIC PLANNER</i>		c. Telephone Number (give area code) 213.270.6000	
d. Signature of Authorized Representative <i>Matthew Avancena</i>		e. Date Signed <i>March 10, 2006</i>	

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Programming and Policy Analysis</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Nela De Castro (213) 922-6166</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  X New <input type="checkbox"/> Continuation    Revision  If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District    N Other (Specify) _____  <b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20 - 507</b> <b>TITLE 49 U.S.C. § 5307</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>City and County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>CA-90-Y454 – FY05 Transit Enhancements</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>05/01/05</b>	Ending Date <b>12/30/07</b>	a. Applicant 25 through 39, 42, 46	b. Project <b>Same as Applicant</b>

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MAR 13 2006

STATE CLEARING HOUSE

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 516,210.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>03/08/06</u>  b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$ .00		
c State	\$ .00		
d Local	\$ 129,053.00		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes    If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 645,263.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative  <b>Gladys Lowe</b>		b Title Director Regional Program Management	c Telephone number  <b>(213) 922-2459</b>
d. Signature of Authorized Representative 		e. Date Signed <b>3/8/06</b>	

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## APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

## 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

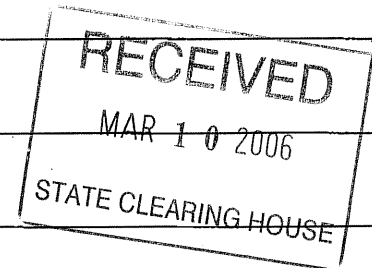
## 2. Type of Application:

- ☐ New  
☒ Continuation  
☐ Revision

If Revision, select appropriate letter(s)

## 3. Date Received

## 4. Applicant Identifier:



## 5a. Fed Entity Identifier:

## 5b. Federal Award Identifier:

R021438

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

a. Legal Name: State of California

b. Employer/Taxpayer Identification Number (EIN/TIN):  
680364962c. Organizational DUNS:  
002540768

## d. Address:

Street 1: 1516 Ninth Street MS-1

Street 2:

City: Sacramento

County: Sacramento

State: CA

Province:

Country: U.S.A.

Zip / Postal Code: 95814-5512

## e. Organizational Unit:

Department Name:

Division Name:

California Energy Commission

## f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. First Name: John

Middle Name: P.

Last Name: Butler

Suffix: II

Title: Staff Services Manager I

Organizational Affiliation:

Telephone Number: (916)654-4204

Fax Number: (916)654-4076

Email: jbutler@energy.state.ca.us

## APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

## 9. Type of Applicant:

A State Government (State)

## 10. Name of Federal Agency:

U. S. Department of Energy

## 11. Catalog of Federal Domestic Assistance Number:

81.041

State Energy Program

## 12. Funding Opportunity Number:

DE- - -

## 13. Competition Identification Number:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Statewide

## 15. Descriptive Title of Applicant's Project:

## APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

## 16. Congressional District Of:

a. Applicant: 05

b. Project: Statewide

Attach an additional list of Program/Project Congressional Districts if needed:

## 17. Proposed Project:

a. Start Date: 07/01/2006

b. End Date: 06/30/2007

## 18. Estimated Funding (\$):

a. Federal	2,269,000.00
b. Applicant	453,800.00
c. State	2,014,509.04
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	4,737,309.04

## 19. Is Application subject to Review By State Under Executive Order 12372 Process?:

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on: 03/10/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372

## 20. Is the applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation)

No

21. By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 218, Section 1001)

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mr.

First Name: JOHN

Middle Name: P.

Last Name: BUTLER

Suffix: II

Title: STAFF SERVICES MANAGER I

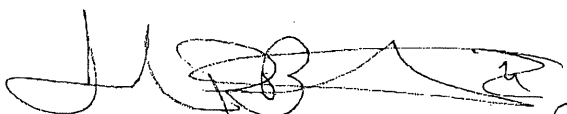
Telephone Number: (916) 654-4204

Fax Number: (916) 654-4076

Email: jbutler@energy.state.ca.us

Signature of Authorized Representative:

Date Signed:

 SSM-1

3/10/06

## APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

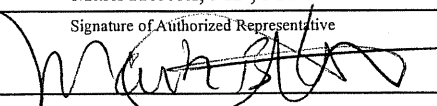
**Applicant Federal Debt Delinquency Explanation:**

The following field should contain an explanation if the Applicant is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

# Application for Federal Assistance

1. TYPE OF SUBMISSION  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		2. DATE SUBMITTED:		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

**RECEIVED**  
 MAR - 8 2006  
 STATE CLEARING HOUSE

5. APPLICANT INFORMATION																					
Legal Name: State of California			Organizational Unit: Department of Health Services																		
1616 Capitol Avenue, 2nd Floor, MS 7404 P.O. Box 997413 Sacramento, CA 95899-7413			Name and telephone number of the person to be contacted on matters involving this application (give area code)  Glenn Takeoka (916) 449-5693																		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  68-0317191			7. TYPE OF APPLICANT: (enter appropriate letter here) <input checked="" type="checkbox"/> A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____																		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award C. Increase Duration    D. Decrease Duration Other Specify: _____			9. NAME OF FEDERAL AGENCY:  U. S. Environmental Protection Agency																		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  CU 66-472  TITLE: BEACH			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Implementation of Water Quality Monitoring and Public Notification Programs																		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  State of California Coastal Counties			13. Proposed Project: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Start Date</td> <td style="width: 50%;">End Date</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>			Start Date	End Date														
Start Date	End Date																				
14. CONGRESSIONAL DISTRICT OF: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Applicant: Department of Health Services</td> <td style="width: 50%;">b. Project State of California Coastal Areas</td> </tr> </table>			a. Applicant: Department of Health Services	b. Project State of California Coastal Areas	15. Estimated Funding: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Federal</td> <td style="width: 50%;">\$ 516,960</td> </tr> <tr> <td>b. Applicant</td> <td>\$ -</td> </tr> <tr> <td>c. State</td> <td>\$ -</td> </tr> <tr> <td>d. Local</td> <td>\$ -</td> </tr> <tr> <td>e. Other: 1:1 Match</td> <td>\$ -</td> </tr> <tr> <td>f. Program Income</td> <td> </td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 516,960</td> </tr> </table>			a. Federal	\$ 516,960	b. Applicant	\$ -	c. State	\$ -	d. Local	\$ -	e. Other: 1:1 Match	\$ -	f. Program Income		g. TOTAL	\$ 516,960
a. Applicant: Department of Health Services	b. Project State of California Coastal Areas																				
a. Federal	\$ 516,960																				
b. Applicant	\$ -																				
c. State	\$ -																				
d. Local	\$ -																				
e. Other: 1:1 Match	\$ -																				
f. Program Income																					
g. TOTAL	\$ 516,960																				
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE: June 30, 2006 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No																		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																					
a. Typed name of Authorized Representative. Mark Horton, MD, MSPH		b. Title State Public Health Officer		c. Telephone Number (916) 440-7400																	
d. Signature of Authorized Representative 				e. Date Signed 3/2/06																	



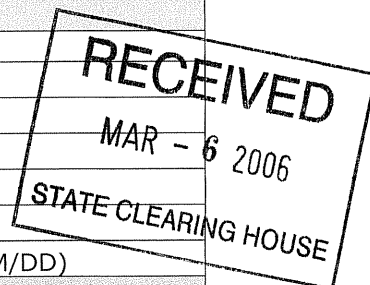
# Second Program Year Action Plan

The CPMP Second Annual Action Plan includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.

## SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted 05/15/2006	Applicant Identifier B-05-UC-06-0502	<b>Type of Submission</b>	
Date Received by state	State Identifier	<b>Application</b>	<b>Pre-application</b>
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>			
COUNTY OF KERN		CA69029 KERN COUNTY	
2700 "M" Street, Suite 250		063-811-350	
0		Organizational Unit	
Bakersfield	California	Board of Supervisors	
93301	Country U.S.A.	Division	
<b>Employer Identification Number (EIN):</b>		County: Kern County	
95-6000925		Program Year Start Date (MM/DD)	
<b>Applicant Type:</b>		<b>Specify Other Type if necessary:</b>	
Local Government: County		Specify Other Type	
<b>Program Funding</b>		<b>U.S. Department of Housing and Urban Development</b>	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
<b>Community Development Block Grant</b>		14.218 Entitlement Grant	
The development of viable communities, including decent housing, a suitable living environment, and expanding economic opportunities principally for persons of low and moderate income, and other purposes pursuant to Title 1 of the Act.		Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, Maricopa, Ridgecrest, Shafter, and Tehachapi.	
\$CDBG Grant Amount - \$5,186,210	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for CDBG-based Project(s)			



<b>Home Investment Partnerships Program</b>		14.239 HOME	
To provide for decent, safe, sanitary, and affordable housing for low and moderate income families and to expand the long-term supply of affordable housing in Kern County.		Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, Maricopa, Ridgecrest, Shafter, and Tehachapi.	
\$HOME Grant Amount - \$2,111,018	\$Additional HUD Grant(s) Leveraged - \$0	Describe	
\$Additional Federal Funds Leveraged - \$0		\$Additional State Funds Leveraged - \$0	
\$Locally Leveraged Funds - \$0		\$Grantee Funds Leveraged - \$0	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s)			
<b>Housing Opportunities for People with AIDS</b>		14.241 HOPWA	
\$0	\$0		
\$0		\$0	
\$		\$0	
\$0		0	
<b>Emergency Shelter Grants Program</b>		14.231 ESG	
The provision of quality emergency shelters, essential social services, homeless prevention services to the homeless & those at risk of becoming homeless.		Metropolitan Bakersfield and the City of Ridgecrest.	
\$ESG Grant Amount - \$231,829	\$Additional HUD Grant(s) Leveraged - \$0	Describe	
\$Additional Federal Funds Leveraged - \$0		\$Additional State Funds Leveraged - \$0	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged - \$0	
\$Anticipated Program Income - \$0		Other (Describe) - Locally leveraged funds is the value of hours contributed by volunteers.	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of: 20 <sup>th</sup> & 21 <sup>st</sup> Congressional Districts		Is application subject to review by state Executive Order 12372 Process?	
20 <sup>th</sup> & 21 <sup>st</sup> Congressional Dist			
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on February 27, 2006
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review